

COVER SHEET FOR AMENDMENT OF POST-TRAVEL SUBMISSION

Date/Time: RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS

2021 SEP 22 PM 4:05

Instructions: Use this form as a cover sheet for any paperwork you may need to submit to the **Office of Public Records** in order to make your Privately Sponsored Post-Travel Submission complete in accordance with Rule 35. **Only complete this form if you need to submit an amendment to a post-travel filing you have already submitted.**

SUBMIT DIRECTLY TO THE OFFICE OF PUBLIC RECORDS IN 232 HART BUILDING

Name of Traveler: EMILY SPAIN

Employing Office/Committee: SENATOR TOM CARPER

Travel Expenses Paid by (List all sources): PEW CHARITABLE TRUSTS

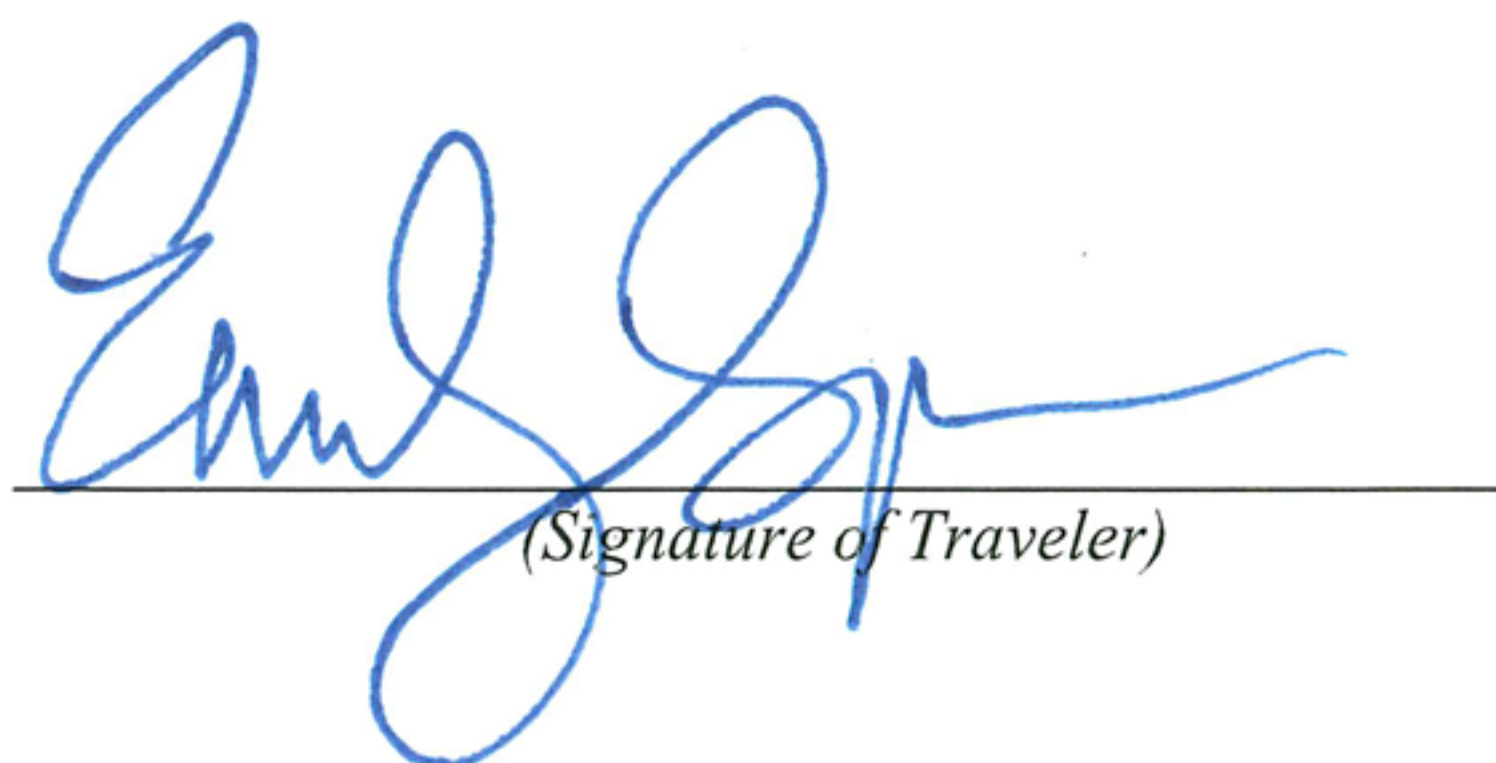
Travel Date(s): SEPTEMBER 10-12, 2021

Description/Title of Attached Forms: AMENDED RE-2

Purpose of Amendment (describe the reason for amending original submission): REVISION TO TRANSPORTATION EXPENSE AMOUNT

9/22/21

(Date)


(Signature of Traveler)

Employee Post-Travel Disclosure of Travel Expenses

Date/Time Stamp:

Post-Travel Filing Instructions: Complete this form within **30 days** of returning from travel. Submit all forms to the **Office of Public Records in 232 Hart Building**.

In compliance with Rule 35.2(a) and (c), I make the following disclosures with respect to travel expenses that have been or will be reimbursed/paid for me. I also certify that I have attached:

- ☐ The **original** *Employee Pre-Travel Authorization* (Form RE-1), **AND**
☒ A **copy** of the *Private Sponsor Travel Certification Form* with all attachments (itinerary, invitee list, etc.)

PEW CHARITABLE TRUSTS

Private Sponsor(s) (list all):

Travel date(s): SEPTEMBER 10-12, 2021

Name of accompanying family member (if any):

Relationship to Traveler: ☐ Spouse ☐ Child

IF THE COST OF LODGING **DID NOT INCREASE** DUE TO THE ACCOMPANYING SPOUSE OR DEPENDENT CHILD, ONLY INCLUDE LODGING COSTS IN EMPLOYEE EXPENSES. (Attach additional pages if necessary.)

Expenses for Employee:

| | Transportation Expenses | Lodging Expenses | Meal Expenses | Other Expenses (Amount & Description) |
|---|-------------------------|------------------|---------------|---------------------------------------|
| <input type="checkbox"/> Good Faith Estimate | \$475 | \$572 | \$228 | N/A |
| <input checked="" type="checkbox"/> Actual Amount | | | | |

Expenses for Accompanying Spouse or Dependent Child (if applicable):

| | Transportation Expenses | Lodging Expenses | Meal Expenses | Other Expenses (Amount & Description) |
|--|-------------------------|------------------|---------------|---------------------------------------|
| <input type="checkbox"/> Good Faith Estimate | | | | |
| <input type="checkbox"/> Actual Amount | | | | |

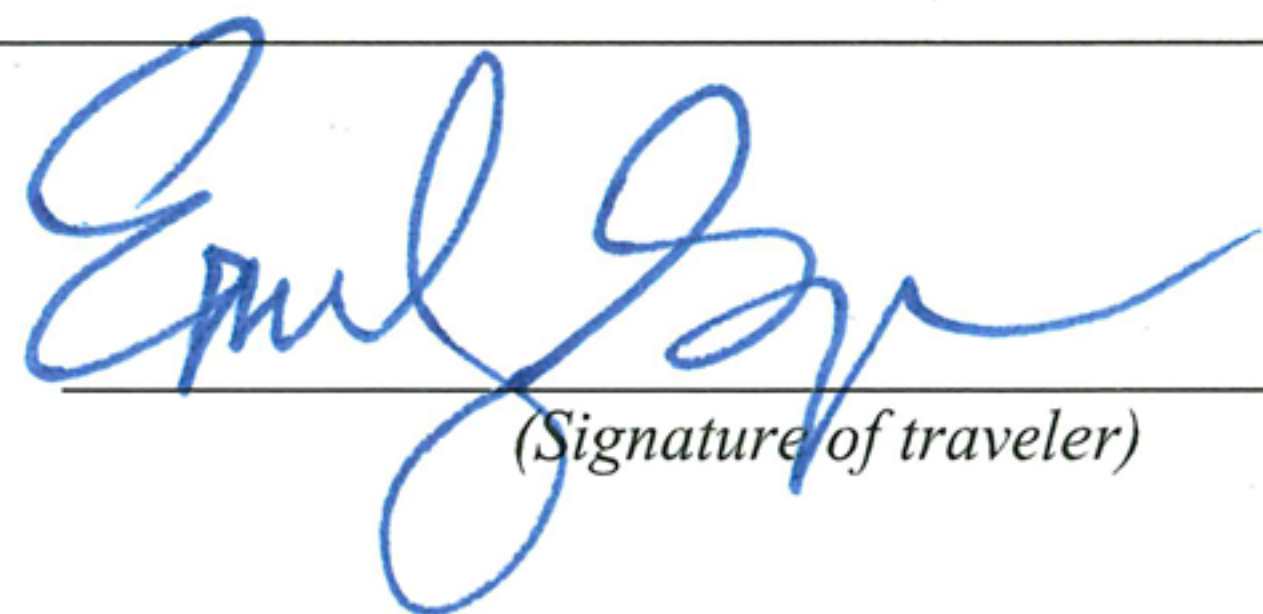
Provide a description of all meetings and events attended. See Senate Rule 35.2(c)(6). (Attach additional pages if necessary.): **PLEASE SEE ATTACHED AGENDA**

9/22/21

(Date)

EMILY SPAIN

(Printed name of traveler)



(Signature of traveler)

TO BE COMPLETED BY SUPERVISING MEMBER/OFFICER:

I have made a determination that the expenses set out above in connections with travel described in the *Employee Pre-Travel Authorization* form, are necessary transportation, lodging, and related expenses as defined in Rule 35.

9/22/21

(Date)



(Signature of Supervising Senator/Officer)